RUN DATE:				NORTH CAROLINA	1	PAGE	: 1	
	: 05/24/2004			RS CHECKWRITE SUMMARY REPORT				
				CHECKWRITE DATE: 05/27/2004 FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	CLAIMS PAID
3404901	SMOKY MOUNTAINM	8505	2925	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	H/DD/SAS			NI BODGEI				
		8931	281	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	372	3511	4457	946
				RVICES IN IFRS.				
		8599	134	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
		0	0		0	0	0	0
				+				
3404904	WESTERN HIGHLAN	21	965	DUPLICATE OF CLAIM-SYSTEM				
	DS LME						-	
					-			-
		8505	480	CLAIM DENIED DUE TO INSUFFICIE	112	2229	2347	118
				NT BUDGET		-		
		8599	346	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404905	TREND COMM MENT	8326	138	ATTENDING PROVIDER NUMBER IS R				
	AL HLTH CTR			EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
				NUMBER. ADD ATTENDING NUMBER A				
		191	8	CLIENT ID NUMBER DOES NOT MATC	0	146	146	0
				H PATIENT NAME				
3404907	RUTHERFORD-POLK	21	211	DUPLICATE OF CLAIM-SYSTEM				
		8599	23	DETAIL NOT COVERED BY COMBINAT	36	308	615	307
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENEFII FACAGE.				
		8931	19	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404910								
	PATHWAYS	8505	7104	CLAIM DENIED DUE TO INSUFFICIE				
	PATHWAYS	8505	7104	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	PATHWAYS	8505	7104					
	PATHWAYS	8505	7104	NT BUDGET FURTHER PROCESSING NECESSARY,	2	7534	7999	465
	PATHWAYS			NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	2	7534	7999	465
	PATHWAYS			NT BUDGET FURTHER PROCESSING NECESSARY,	2	7534	7999	465
	PATHWAYS			NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTINC INELIGIBLE TO RECEIVE SE	2	7534	7999	465
	PATHWAYS	8800		NT BUDGET FURTHER FROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	2	7534	7999	465
	PATHWAYS	8800	423	NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	2	7534	7999	465
3404912	CATAWBA COUNTYM	8800		NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. ANTIC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT NOT ELIGIBLE ON SERVICE	2	7534	7999	465
3404912		8800	423	NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	2	7534	7999	465
3404912	CATAWBA COUNTYM	8931	423	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT NOT ELIGIBLE ON SERVICE DATE	2	7534	7999	465
3404912	CATAWBA COUNTYM	8800	423	NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT	208	7534	7999	
3404912	CATAWBA COUNTYM	8931	423	NT BUDGET FURTHER PROCESSING NECESSARY, FURTHER FROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	208			
3404912	CATAWBA COUNTYM	8931 8931 11 8599	423 2 2 802	NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	208			
3404912	CATAWBA COUNTYM	8931	423	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTINC INELIGIBLE TO RECEIVE SE	208			
3404912	CATAWBA COUNTYM	8931 8931 11 8599	423 2 2 802	NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	208			
	CATAWBA COUNTYM	8800 8931 11 11 8599	802 802	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	208			
3404912	CATAWBA COUNTYM ENTAL HEALT MECKLENBURG COM	8931 8931 11 8599	423 2 2 802	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	208			
	CATAMBA COUNTYM ENTAL HEALT	8800 8931 11 11 8599	802 802	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	208			
	CATAWBA COUNTYM ENTAL HEALT MECKLENBURG COM	8800 8931 11 11 8599	802 802	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	208			
	CATAWBA COUNTYM ENTAL HEALT MECKLENBURG COM	8800 8931 11 11 8599	802 802	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET AMTNC INELIGIBLE TO RECEIVE SE	208		2162	968
	CATAWBA COUNTYM ENTAL HEALT MECKLENBURG COM	8931 11 11 8599 8931	423 2 802 163 119	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.		1194	2162	968
	CATAWBA COUNTYM ENTAL HEALT MECKLENBURG COM	8931 11 11 8599 8931	423 2 802 163 119	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.		1194	2162	968
	CATAWBA COUNTYM ENTAL HEALT MECKLENBURG COM	8931 11 11 8599 8931	423 2 802 163 119	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED DUE TO INSUFFICIE NY BUDGET ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.		1194	2162	968
	CATAWBA COUNTYM ENTAL HEALT MECKLENBURG COM	8800 8931 11 11 8599 8931 8505	802 802 163 119 2392	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.		1194	2162	968

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	DECORTEMENT	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404916	CROSSROADS BEHA	21	146	DUPLICATE OF CLAIM-SYSTEM				
	VIORAL HEAL							
						1	1	
		8599	70	DETAIL NOT COVERED BY COMBINAT	4	288	2927	2639
				ION OF RECIPIENT, PROVIDER AND	4	200	2321	2033
				BENEFIT PACKAGE.				
		8505	25	CLAIM DENIED DUE TO INSUFFICIE		-	-	
		0303	23	NT BUDGET				
3404917	CENTERPOINT HUM	8599	4862	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		-	-	
	AN SERVICES			BENEFIT PACKAGE.	+	 	 	
		8505	2275	CLAIM DENIED DUE TO INSUFFICIE	1779	12156	13121	965
				NT BUDGET				
		8935	1540	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404918	DOCKINGRAM CO	8505	1231	CLAIM DENIED DUE TO INSUFFICIE	-			<u> </u>
	ROCKINGHAM CO M ENTAL HEALT		-	NT BUDGET	1			\vdash
		11	107	OLIDAM NOM BLIGIPES ON ORDINA			<u> </u>	
	-	11	187	CLIENT NOT ELIGIBLE ON SERVICE DATE	8	1468	1733	265
				+				
		8800	30	FURTHER PROCESSING NECESSARY,	1			
			-	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	-			 '
					1			
3404919	GUILFORD CO MEN	8505	4339	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
					1	 	 	
		8800	368	FURTHER PROCESSING NECESSARY,	150	5123	6688	1565
				PLEASE CHECK FOR CLAIM ON	130	3123	0088	1360
				FUTURE RA'S.				
		0500	173	DEMAIL NOW COURDED BY COMPINED				
		8599	173	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		-	-	
				BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL	8505	1070	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET		-	-	
		8800	365	FURTHER PROCESSING NECESSARY,	39	1926	5010	3084
				PLEASE CHECK FOR CLAIM ON		ļ		
				FUTURE RA'S.		-	-	
		21	149	DUPLICATE OF CLAIM-SYSTEM				
			L					
3404921	OBANCE DEBEON C	21	2423	DUPLICATE OF CLAIM-SYSTEM	-	 		<u> </u>
-101341	ORANGE PERSON C HATHAM AREA			or omin-oldien	1			
		<u> </u>		<u> </u>				
		7001	1007	BUODERS WIE OVER THE STATE OF T	ļ	<u> </u>	<u> </u>	
		7001	1287	EXCEEDS THE ONE PER DAY LIMITA TION	97	5692	9694	4002
				LION				
			 					
		8505	1012	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
				+	-			
3404922	THE DURHAM CENT	23	48	SERVICE REQUIRES PRIOR APPROVA				
	ER ER			L				
		191	5	CLIENT ID NUMBER DOES NOT MATC	0	53	53	
			-	H PATIENT NAME	0	53	53	0
	<u> </u>			<u> </u>				
2404002		0505	476	ATATA PRIVATE DUE TO THE	ļ	<u> </u>	<u> </u>	
3404923	VGFW AREA AUTHO	8505	476	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1	 	 	<u> </u>
	RITY			M. DODGET				
			 					
		11	172	CLIENT NOT ELIGIBLE ON SERVICE	22	1047	2092	1045
				DATE				
		8800	117	FURTHER PROCESSING NECESSARY.				
		8800	117	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
		8800	117					

		1	1					
PROVIDER		HIGH DENIAL	NUMBER OF		marc	moma r	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	THOU TOUR MAIL				DENTITEO	DENTILO	I IMIDIDO	111111
3404924	PIEDMONT AREA M	8525	3	CLAIM DENIED, REFERRING PROVID				
	H/DD/SAS			ER MUST BE AN LMA.				
		0	0		0	3	3	
3404925		8505	4963	CLAIM DENIED DUE TO INSUFFICIE				
3404923	SANDHILLS CENTE R FOR MH/DD	0303	1303	NT BUDGET				
	R FUR MH/DD			11 202021				
		8800	486	FURTHER PROCESSING NECESSARY,	94	6063	8306	224
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	320	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404036		0500	2012	DEMATI NOM COVERED DY COMPTNAM				
3404926	SOUTHEASTERN RE	8599	3213	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	G MENTAL HL							
	+			BENEFIT PACKAGE.				
	1	8935	1847	ASTNC INELIGIBLE TO RECEIVE SE	4098	13940	19365	542
	1		1	RVICES IN IPRS.	4098	13940	19365	542
	+							
	1							
	1	21	1716	DUPLICATE OF CLAIM-SYSTEM				
	1							
	1							
3404927	CUMBERLAND CO M	8505	1464	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8800	300	FURTHER PROCESSING NECESSARY,	0	2008	2759	75
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	178	DETAIL NOT COVERED BY COMBINAT				
		0333	170	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				200000000000000000000000000000000000000				
3404929	LEE HARNETT MH/	8505	1130	CLAIM DENIED DUE TO INSUFFICIE				
	DD/SAS			NT BUDGET				
	227 0.10							
		8599	187	DETAIL NOT COVERED BY COMBINAT	0	1602	1913	31:
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	156	DUPLICATE OF CLAIM-SYSTEM				
3101030		11	0	CITEMS MOS DITCIDIS ON CEDUTOS				
3404930	JOHNSTON COUNTY	11	0	CLIENT NOT ELIGIBLE ON SERVICE				
	MNTL HLTHC	1		DATE				
	+	1						
	+	0	0		0	8	58	51
		1			0	8	58	31
	1							
3404931	WAKE CO HUM SVC	8505	9139	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
	1							
	1							
	1	8800	242	FURTHER PROCESSING NECESSARY,	4	9424	9488	6-
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		0500	20	ALLEY DENIET DATE OF THE STATE				
	1	8502	20	CLAIM DENIED DUE TO INSUFFICIE				-
	1	1	1	NT ALLOTMENT				
	1	1						
3404932	RANDOLPH/SANDHI	8505	3116	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
	LLS CO MH C	1						
	1	1						
	+	8800	561	FURTHER PROCESSING NECESSARY,	92	4890	7689	279
	1			PLEASE CHECK FOR CLAIM ON	32	1090	, 303	2.3.
	1			FUTURE RA'S.				
	1							
				OTATIV DENITED BUE NO THOUSENANT	.	l		+
		8502	492	CLAIM DENIED DUE TO INSUFFICIE				
		8502	492	NT ALLOTMENT				
		8502	492					

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8800 815 FURTHER PROCESSING NECESSARY, 0 3798 3837
PIERAS CHECK FOR CLAIM ON FUTURE RA'S. 8599 3 DETAIL NOT COVERED BY COMBINAT 100 OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 3404938 RIVERSTONE MENT 8599 171 DETAIL NOT COVERED BY COMBINAT AL HEALTH C 100 F RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 10 92 DIAGNOSIS, PROVIDER AND 10 92 DIAGNOSIS, PROCEDUBE CODE FOR 10 DIAGNOSIS, PROCEDUBE CODE FOR 143 69 CLIENT ID NUMBER NOT ON STATE 143 69 CLIENT ID NUMBER NOT ON STATE 144 ELIGIBILITY FILE 154 DATE 155 DATE 166 DETAIL NOT COVERED BY COMBINAT 175 OR CLIENT ID NUMBER NOT ON STATE 175 DATE 176 DATE 177 DATE 177 DATE 178 DETAIL NOT COVERED BY COMBINAT 179 DATE 188 DETAIL NOT COVERED BY COMBINAT 179 DATE 188 DETAIL NOT COVERED BY COMBINAT 179 DATE 189 DETAIL NOT COVERED BY COMBINAT 170 DATE 170 DATE 171 DATE 171 DATE 171 DATE 171 DATE 172 DATE 173 DATE 174 DATE 175 DATE 175 DATE 175 DATE 176 DATE 177
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3404938 RIVERSTONE MENT 8599 171 DETAIL NOT COVERED BY COMBINAT AL HEALTH C 10N OF RECIPIENT, PROVIDER AND 250 250 250 250 250 250 250 250 250 250
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OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR 143 69 CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE 3404939 NEUSE MENTAL HE 11 193 CLIENT NOT ELIGIBLE ON SERVICE ALTH CENTER BS599 188 DETAIL NOT COVERED BY COMBINAT 0 822 1315 ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.
OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR 143 69 CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE 3404939 NEUSE MENTAL HE 11 193 CLIENT NOT ELIGIBLE ON SERVICE ALTH CENTER BS599 188 DETAIL NOT COVERED BY COMBINAT 0 822 1315 ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.
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ELIGIBILITY FILE ALTH CENTER B 599 188 DETAIL NOT COVERED BY COMBINAT IN OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. 8595 166 CLAIM DENIED DUE TO INSUFFICIE
ELIGIBILITY FILE 3404939 NEUSE MENTAL HE 11 193 CLIENT NOT ELIGIBLE ON SERVICE ALTH CENTER DATE 188 DETAIL NOT COVERED BY COMBINAT 0 822 1315 ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE.
3404939 NEUSE MENTAL HE 11 193 CLIENT NOT ELIGIBLE ON SERVICE ALTH CENTER DATE 8599 188 DETAIL NOT COVERED BY COMBINAT 0 822 1315 ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. 8505 166 CLAIM DENIED DUE TO INSUFFICIE
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ALTH CENTER DATE DATE BENEFIT PACKAGE. BS05 166 CLAIM DENIED DUE TO INSUFFICIE
ALTH CENTER DATE DATE BENEFIT PACKAGE. BS05 166 CLAIM DENIED DUE TO INSUFFICIE
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AS CENTER NT BUDGET
8599 395 DETAIL NOT COVERED BY COMBINAT 108 1689 4866
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.
SENEFIT FALRAGE.
120 212 CLIENT I DINUMBER MISSING OR IN
VALID. ENTER CID AND SUBMIT

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942	ROANOKE CHOWANH	8505	1025	CLAIM DENIED DUE TO INSUFFICIE				
	UMAN SERVIC			NT BUDGET				
		21	64	DUPLICATE OF CLAIM-SYSTEM				
		21	64	DUPLICATE OF CLAIM-SYSTEM	7	1183	2594	1411
		143	47	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404943	ALBEMARLE MENTA	8505	256	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALTH CE			NT BUDGET				
		8800	81	FURTHER PROCESSING NECESSARY,	38	497	1462	965
				PLEASE CHECK FOR CLAIM ON				
	1			FUTURE RA'S.				
		191	33	CLIENT ID NUMBER DOES NOT MATC				
	+			H PATIENT NAME				
3404944	EASTPOINTE HUMA	8505	2181	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		21	247	DUPLICATE OF CLAIM-SYSTEM	193	3218	5121	1903
		8599	173	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENEFII FACRAGE.				
3404946	DOOMUTTE A ARRAM	21	3314	DUPLICATE OF CLAIM-SYSTEM				
3101310	FOOTHILLS AREAM ENTAL HEALT		3311	portational of casts of other				
	ENIAL REALI							
		8000	1450	NO RATE AVAILABLE ON FILE TO P	337	6252	16434	10182
				RICE THIS CLAIM DETAIL				
		8599	493	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404957	mrnny 1110 147	8505	1546	CLAIM DENIED DUE TO INSUFFICIE				-
3.33331	TIDELAND MENTAL	0303	2010	NT BUDGET				
	HEALTH CTR							
		8800	85	FURTHER PROCESSING NECESSARY,	49	1732	2293	561
				PLEASE CHECK FOR CLAIM ON	13	1/32	2233	501
				FUTURE RA'S.				
		8599	43	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND		_	-	
				BENEFIT PACKAGE.				
24040==		0505	75.60	ALLEY DENIET DATE OF THE STATE				
3404979	NEW RIVER AREAM	8505	7560	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
			-					-
		8800	831	FURTHER PROCESSING NECESSARY,	192	0777	00:-	310
	+		1	PLEASE CHECK FOR CLAIM ON	192	8737	9047	310
				FUTURE RA'S.				
		1	1	1				
		8931	142	AMTNC INELIGIBLE TO RECEIVE SE				